

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sambajon, Remedios (ARCH)	CHAPTER 100.1
Address: 94-1042 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: April 19, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21 JUL 21 P1:25
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 21 MAY 26 P2:28</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The annual physical exam for SCG #1 was done on 5/17/2021 due to schedule of doctor's appointment was hard due to pandemic.</i></p>	<p><i>5/21/2021</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have a Tracking logs on my calendar of P. Exam due date for my care givers. I will review my calendar monthly.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p><i>7/21/2021</i></p> <p>21 JUL 21 P1 25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1,2 – Initial and annual TB clearances unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, the deficiency was corrected SCG #1 and SCG #2 both have a copy of their 2-step TB skin test and their annual TB clearance. a copy is attached.</i></p>	<p>6-24-2007</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – Medications not reevaluated timely between 3/3/20 and 10/21/20, and again between 10/24/20 and 3/8/21.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAY 26 P 2:28</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Medications were not evaluated by the PCP every 3 or 4 months because the client refused to see PCP except for emergency. Since 2004 client refuses to take any medication except the psycho-med.</i></p>	<p><i>5/21/2021</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications not reevaluated timely between 3/3/20 and 10/21/20, and again between 10/24/20 and 3/8/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will write down the date of medication evaluation on my calendar every 4 months and review the calendar every month.</i></p>	<p>7/21/2021</p> <p>21 JUL 21 P 1:25</p> <p>STATE OF HAWAII DOH-OLCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include resident's response to medications</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 MAY 26 P2:28</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Client's monthly response to medications was not made cause he was stable with his behavior and not complaining any of his ailment like ears & rashes any more.</i></p>	<p>5/21/2021</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include resident's response to medications</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will write down on reminder note to include response on the medication on monthly progress note on resident's folder.</i></p>	<p>7/21/2021</p> <p>21 JUL 21 P 1:25</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2 – Monthly recording of resident's weight unavailable for review</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>21 MAY 26 P2 28</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Resident's monthly weight record was misplaced was not available for review. A copy is inclosed.</i></p>	<p><i>5/21/2021</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2 – Monthly recording of resident's weight unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>My plan is to have a section labeled vital signs, weights in their binder for easy viewing and to ensure that it does not get misplaced.</i></p>	<p><i>6-24-2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician's visit note signed on 3/3/20 states, "Follow up - 3 months"; however, resident did not attend follow-up appointment until 10/21/20.</p> <p>STATE OF HAWAII DOH-DOA STATE LICENSING</p> <p>21 MAY 26 PM 2:28</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Since 2004 client always refused to see the PCP. Said that nothing wrong with me I'm okay. Plus he only take 1 medication from Psychiatrist. Agree on annual P.E. + 6 months and if there is an emergency like govt attack, a colder.</i></p>	<p>5/21/2021</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's visit note signed on 3/3/20 states, "Follow up - 3 months"; however, resident did not attend follow-up appointment until 10/21/20.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will write all future appointments on the calendar and weekly review calendar. I will document on progress note if resident refuses to attend his appointment.</i></p>	<p><i>7/21/2021</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><u>FINDINGS</u> Bedroom #1,#3 – Bedroom window screens were not installed flush against windows. Large gaps between window frames and screens present.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAY 26 P2:28</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Bedroom window screens were all fixed and flushed against the window frames.</i></p>	<p><i>4/21/2024</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><u>FINDINGS</u> Bedroom #1,#3 – Bedroom window screens were not installed flush against windows. Large gaps between window frames and screens present.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will a reminder on my calendar to check on the window screens weekly -</i></p>	<p style="text-align: right;"><i>7/21/2021</i></p>

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21 JUL 21 P 1 26

Licensee's/Administrator's Signature: Remedios Sanjaon

Print Name: REMEDIOS SANJAON

Date: 7/21/2021

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21 JUL 21 P 1:26